

FIRST STEPS DEVELOPMENTAL STATUS SCALE

“In accordance with KRS 200.664(7), in order to determine continuing program eligibility and the effectiveness of services provided to the child, a developmental status ranking by developmental domain shall be assigned in the progress review report by each therapeutic interventionist using the Developmental Status Scale.”

Beginning on January 19, 2005, within the report of any Primary Level Evaluation or Initial Five-Area Assessment, subsequent Progress Reports that a provider of therapeutic intervention prepares prior to an IFSP Review, as well as within any Discharge Summary report there must be a section that addresses the developmental status for each of the five areas (Cognitive, Motor, Communication, Social/Emotional, Adaptive) that has been initially evaluated or assessed by a Primary Level Evaluator or addressed in outcomes by an intervention provider. Additionally, the developmental status section must also provide written justification for the developmental status that has been assigned.

Delay will be ranked on a four-point scale from 0 to 3 with

0= child has no needs; child has developmentally appropriate skills for that area

1= child has a few needs; child is lightly behind same age peers in that area

2= child has several needs; child is markedly behind same age peers for that area

3= child has many needs; child is significantly behind same age peers for that area

Note, adjustments will be made for prematurity per 911 KAR 2:120 Section 2 (5)(a)(b)

The evaluator or therapeutic interventionist will assign a developmental status ranking based on informed clinical judgment, the child's response to the therapeutic intervention provided over the previous period, any formal or informal testing appropriate for the domain(s) that was administered, observation, and/or parent/caregiver report. The use of standardized test instruments in this process is recommended. **Therefore, if one is not used in the process, the report will contain justification for excluding standardized norm referenced measures along with an explanation of the procedures used to establish the assigned developmental status.** Appropriate and most recent edition test instruments to obtain valid scores may include, **but are not limited to:** Peabody developmental Motor Scales, Second Edition (PDMS-2); Mullen Scale of Early Learning (MSEL); Battelle Developmental Inventory (BDI); Vineland Adaptive Behavior Scales (VABS); Bayley Scales of Infant Development (BSID-III); Rossetti Infant-Toddler Language Scales; Preschool Language Scale IV (PLS-IV). Of course it is

expected that person's administering these tests will comply with the publisher's standards of use.

While the therapeutic interventionist will assign the developmental status based on their testing, observations and professional informed clinical judgment; the following can serve as informal guidelines that the interventionist may choose to use in their decision making process. As always, adjustment for prematurity should be made per regulation.

The "**0 = no delay**" category would represent those children who score within normal limits on any test instrument appropriate for that area; or who have demonstrated age appropriate developmental milestones in that area.

The "**1 = few needs/concerns**" category would represent those children who score from more than 1 up to 1.5 standard deviations below the mean on testing.

The "**2 = several needs/concerns**" category would represent those children who score from more than 1.5 up to and including 2.0 standard deviations below the mean on testing.

The "**3 = many needs/concerns**" category would represent those children who score more than 2 standard deviations below the mean on testing. This would also include those children whose pattern of development is significantly different than what would normally be expected.

While the categories listed above rely on standard scores, it is also recognized that additional factors (e.g. muscle tone; quality of movement; oral-motor functioning; sensory processing; attention/impulsivity; atypical phonology, etc.) **may** impact the developmental status and should be reflected in the written rationale for the rating assigned within the report.

Continuing program eligibility will be determined at each IFSP review using the Developmental Status Scale. A child will continue to be eligible if he/she has a score of 1 or above in any area.

How the Service Coordinator will record/report data:

There will be a table on a CBIS form that lists the areas and has cells to record the current ranking. The Service Coordinator will get the rank numbers from the evaluation, assessment or progress report and record those in the appropriate cell. If there is no ranking for a domain because there is no therapeutic intervention in that domain, the PSC will record a number "9" in that space. There should be no empty cells in the table. Continued eligibility will be recorded by

checking “Currently enrolled with continued developmental delay” on the Child Eligibility Status section of the CBIS form.

If more than one interventionist is working in the same developmental domain and they have not assigned the same number rank in that domain in their progress report, the PSC will meet/talk with the interventionists and bring them to consensus about a single ranking in that area – there can be only one number in the cell for each domain.

Developmental Status Scale

Developmental Area

Current Status